

MULTIPLICATIVE  
DEPENDENT CLAIM  
FEE COMPUTATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553299

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		1		
4	/		/			
5	0			/		
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7	0			/		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	19	↔	18	↔		↔
TOTAL CLAIMS	22	██████████	21	██████████		██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			↓	↓
TOTAL DEP.		↔			↔	↔
TOTAL CLAIMS		██████████			██████████	██████████